

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042334

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Trenton

Length of stay in 1b

30 years

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Grundy

c. CITY  
OR  
TOWN TrentonInside Limits  
Yes ☒ No ☐c. FULL NAME OF DECEASED (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONLang Nursing Home  
1411 Main St.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
200 West 11th St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
WILLIS ANDREW JOHNSON4. DATE OF DEATH  
Month Day Year  
Dec. 7, 19625. SEX  
male6. COLOR OR RACE  
white7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
Mar. 7, 18849. AGE (last birthday)  
78IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Painter10b. KIND OF BUSINESS OR INDUSTRY  
construction11. BIRTHPLACE (City and state or country)  
Iowa12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

J Isaac Newton Johnson

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Keran

## 14. NAME OF HUSBAND OR WIFE

XXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
yes WWI

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
C. L. Johnson, Trenton, Mo.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Insufficiency (failure)

INTERVAL BETWEEN  
ONSET AND DEATH  
few monthsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Emphysema and asthma

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 29-1962 to Dec 7-1962 and last saw him alive on Dec 5-1962

Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B. H. Henders 771.D.

## 22b. ADDRESS

Trenton, Mo.

## 22c. DATE SIGNED

12-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Dec. 9, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

## 23d. LOCATION (City, town, or county)

Trenton, Missouri

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Trenton, Mo.

## 25. DATE RECD. BY LOCAL REG.

12-8-62

## 26. REGISTRAR'S SIGNATURE

Gene J. Jurek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

DATE AMENDED

1 0405

2 0405

3

4 0

5 3

6

7 1

8 2

9 527.1

10

11

12 86-0

13 1-0

DEC 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.